

**MULTIPLE DEPENDENT CLAIM
CROSS CALCULATION SHEET
FOR USE WITH FORM PTOS-1**

SERIAL NO. **09/856571**

FILING DATE

1-31-02 8-25-04

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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TOTAL	3	1	3	1	3	1						
TOTAL	7	1	21	1	31	1						
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TOTAL												

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